

# Name or Address Change for Insurance Licensees

Form FIS 0223 Fee Card is no longer required with a mailing address change submitted on this form.

If you change your name or mailing address we will mail a new license document to the most recent mailing address on file for you with OFIS. This will serve as your confirmation of the change.

## Required Information about your current license

Name as it currently appears on your insurance license

System ID / License Number  
(7-digit number assigned by OFIS)

Full Employer ID number (business entity) OR  
Last 4 digits of your Social Security Number

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## Check box to indicate each item you are changing

☐ Change my individual name to:

Last name	First name	Middle initial/name	Suffix (Jr, Sr, I, II, etc.)
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☐ Change my Agency, Corporation, Partnership and/or DBA name to:

Requirement: Attach document(s) as legal proof of name change such as amended articles of incorporation, new dba filing, etc.

☐ Change my MAILING ADDRESS to:

Address line 1

Address line 2

City	State/Province	Zip/Postal Code	Country
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EFFECTIVE DATE of Mailing Address change: \_\_\_\_\_

### IMPORTANT NOTES ON MAILING ADDRESS CHANGES:

There is a \$3.00 fee to change your **mailing address**. Attach a check or money order for \$3.00, payable to "State of Michigan." Attach payment to the front of this form.

Form FIS 0223 Fee Card is no longer required with a mailing address change submitted on this form. There is no fee to change your name; residence, business or email addresses; or phone numbers.

☐ Change my Residence address to: (no fee for this change)

Address line 1

Address line 2

City	State/Province	Zip/Postal Code	Country
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☐ Change my email address to: (no fee for this change)

☐ Change my business phone number to:

(      ) Ext. \_\_\_\_\_

☐ Change my Business address to: (no fee for this change)

Address line 1

Address line 2

City	State/Province	Zip/Postal Code	Country
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☐ Change my residence phone number to:

(      )

When complete, please send this form; any attachments; and payment (only if changing your mailing address) to:

(Mailing and delivery address)

Thomson Prometric/OFIS  
3105 S Martin Luther King Blvd PMB 179  
Lansing MI 48910-2939

## Certification of individual or authorized licensed producer (business entities)

I certify that the information given on and attached to this form is complete and correct.

Signature	Date signed
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Signer's name and title, please type or print

Authority: 218 of 1956 as amended. Submission is required to report changes to an insurance licensee's name, mailing address changes and other information. Failure to file may result in an action against license(s) granted by OFIS including a monetary fine, and/or license suspension or revocation.

Fee Code 98-19-32



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Phone OFIS toll-free at: 1-877-999-6442